

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2661

State File No. 222

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				d. STREET ADDRESS (If rural, give location) 2823 a Easton Ave. 0			
3. NAME OF DECEASED (Type or Print) George Jorden		a. (First)		b. (Middle)		c. (Last) Jorden	
4. DATE OF DEATH (Month) (Day) (Year) 1 - 6 - 1951		5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed	
8. DATE OF BIRTH Sept. 16, 1866		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months Days		11. UNDER 1 WED. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Fayette County, Tenn. /		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Fannie Jorden		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Freeman Jorden, 2823 a Easton Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 425.2					
22. I hereby certify that I attended the deceased from 1/2, 1951, to 1/5, 1951, that I last saw the deceased alive on 1/5, 1951, and that death occurred at 7:15 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)		23b. ADDRESS 822 N. Lefferson		23c. DATE SIGNED 1/9/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1 - 9 - 1951		24c. NAME OF CEMETERY OR CREMATORY MASON, Tenn.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. JAN 9 1951		REGISTRAR'S SIGNATURE J B Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ellis Funeral Home, Inc., 2820 Stoddard St.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Hutton E. Culkin

Signed.....

Student Embalmer

Licensed Embalmer No. *4198*

P. O. Address

St Louis 13 8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.